
Name

Street

City, State, Zip

Place
Stamp
Here

County of San Bernardino
Clerk of the Board of Supervisors
385 N. Arrowhead, 2nd Floor
San Bernardino, CA 92415-0130

**THIS CONFIRMATION CARD MUST BE RETURNED
TO THE CLERK OF THE BOARD OFFICE**

(postmarked, faxed to 909-387-4554, or hand-delivered at least 21 days prior to your hearing date)

Appeal Number(s): _____ Hearing Date: _____

Applicant's Name: _____
Please Print

You (the applicant or agent) **must** check one of the following boxes and sign below:

- ☐ I and/or my authorized agent will attend this hearing.
- ☐ I hereby withdraw the above-numbered Application(s) for Changed Assessment and terminate the referenced appeal(s).
- ☐ I hereby request a one-time postponement of this hearing. I understand the Clerk will either mail me a new hearing date (if approved), or mail me a written denial.

NOTE: If this card is not returned as instructed, and you/your agent attend the scheduled hearing, the appeal(s) may be postponed. In the event you/your agent fail to appear without making other arrangements, your appeal(s) will be denied.

Authorized Signature

Date

If Agent, Print Name